

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>5-27-05</u>		2 Serial/Patent # <u>10/815602</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition		5-26-05	\$ 130						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other <u>RCE</u>		5-26-05	\$ 790						
			7 TOTAL AMOUNT OF REFUND							
			\$ 920							
10 REASON:		8 TO BE REFUNDED BY:								
	Overpayment	<input checked="" type="checkbox"/> Treasury Check <u>Credit Card</u>								
	<input checked="" type="checkbox"/> Duplicate Payment	Credit Deposit A/C #:								
	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
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11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Karen Creag</u>		TITLE: <u>Pat, Exmr</u>								
SIGNATURE: <u>Karen Creag</u>		PHONE: <u>272-3208</u>								
OFFICE: <u>DAC for patents</u>										

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APPROVED: <u>Alicia Kell</u>		DATE: <u>5/31/05</u>								

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